



Consent to Treat Minor Patient without Parent Present

A parent or legal guardian must be present with a patient under the age of eighteen for the first visit.

For any provider at Charlotte Skin & Laser to treat a minor without a parent/legal guardian present at subsequent appointments, please complete this form.

I, _____ (print name here) am the parent/legal guardian of

_____.
_____ (print name of minor), currently a minor whose date of birth is
_____.

I authorize Charlotte Skin & Laser to provide medical/cosmetic/aesthetic care to my son/daughter, including but not limited to diagnostic examination (including laboratory testing), minimally invasive procedures, and prescribing of medication as deemed appropriate by his/her physician.

I understand that, should my child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of eighteen, my consent for treatments is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Charlotte Skin & Laser.

By signing this, I acknowledge I have read and agreed to this consent and that any questions I had prior to signing were answered by Charlotte Skin & Laser.

Payment is expected the day of the appointment and can be made by cash, check, or credit card when checking out.

Signature of Parent/Legal Guardian

Date

Phone Numbers:

Home: _____

Work: _____

Mobile: _____